

**SUBSIDIZED GUARDIANSHIP CHECKLIST / ROUTING**

**Use of form:** Specific documentation must be completed and submitted to the Bureau of Programs and Policies at the following address to ensure that minimum requirements to start a child on Subsidized Guardianship are met. Include this checklist with Subsidized Guardianship forms for each new case submitted.

Department of Health and Family Services  
 Division of Children and Family Services  
 Bureau of Programs and Policies  
 ATTN: Subsidized Guardianship Accountant, Room 527  
 P.O. Box 8916  
 Madison, WI 53708-8916

☐ Redetermination of rate. Check if applicable.

Birth Name – Child (Last, First, MI)	Date – TPR (mm/dd/yyyy)
Name – Social Worker	Telephone Number – Social Worker
Name – DHFS Authorizing Authority	

Region – Specify.

- ☐ Eau Claire    ☐ Green Bay    ☐ Rhinelander    ☐ Wisconsin Rapids  
☐ Fond du Lac    ☐ Madison    ☐ Waukesha    ☐ Bureau of Milwaukee Child Welfare

Form routing is indicated after each form: Original (O) and copy (C).

Attached	Form Number	Form Title	Subsidized Guardianship Accountant	Family	Family Record	Child Record
<input type="checkbox"/>	CFS-2365	* Subsidized Guardianship Agreement	O	C	C	C
<input type="checkbox"/>	CFS-834	* Foster Care Uniform Rate Setting – include exceptional rate justification and approval, if applicable.	O		C	C
<input type="checkbox"/>	DES-2096	* Health Insurance Information	O		C	C
<input type="checkbox"/>		* Copy of <b>original CHIPS order</b> completed when child was removed from birthparent(s) home. The CHIPS order was not completed for the following reason: <input type="checkbox"/> Kinship case <input type="checkbox"/> Voluntary placement <input type="checkbox"/> Other – Explain: _____	C		C	O
<input type="checkbox"/>		* Copy of <b>most recent CHIPS order</b> (A CHIPS order should have been issued for each year during the period between the issue date of the original CHIPS order and the Subsidized Guardianship.)	C		C	O
<input type="checkbox"/>		SSI approval / denial, if applicable	C			O
<input type="checkbox"/>	CFS-2371	Subsidized Guardianship High School Information (applicable if child will be age 18 in next 60 days).	O			C
<input type="checkbox"/>		Copy of the Subsidized Guardianship court order	O		O	C

\* Required forms must be submitted no later than ten days after an In-Home Service Placement has been approved in WiSACWIS.

I verify all required forms indicated above are attached.

\_\_\_\_\_  
**SIGNATURE** – DHFS Authorizing Authority

\_\_\_\_\_  
 Date Signed